

**Program B: E. A. Conway Medical Center**

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2003-2004. Objectives may be key or supporting level. The level of the objective appears after the objective number and before the objective text.

Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicators are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year of the budget document. Performance indicators may be key, supporting, or general performance information level. Key level is indicated by a "K" in the "Level" column of the standard performance indicator table. Supporting level is indicated by an "S" in the "Level" column of the standard performance indicator table. General Performance Information indicators appear in tables labeled as General Performance Information.

DEPARTMENT ID: 19E LSU Health Sciences Center  
 AGENCY ID: 610 Health Care Services Division  
 PROGRAM ID: B: E.A. Conway Medical Center

1. (KEY) To operate consistently with HCSD's dual mission to provide quality medical care while serving as the state's classroom for medical and clinical education. To continue to provide professional, quality, acute general medical and specialty services to patients in the hospital and maintain the average length of stay of 5.7 days for patients admitted into the hospital.

Strategic Link: To provide access to high quality medical care in developing medical/clinical manpower through accredited residency and other health education programs and operate efficiently, cost effectively and cooperatively with other health care providers and agencies to improve health outcomes and achieve our objective.

Louisiana: Vision 2020 Link: Not applicable.

Children's Cabinet Link: E. A. Conway provides multiple services targeted at the pediatric and adolescent populations. Programs, clinics, and services include general and pediatric clinics, Women/Infants/Children program and KidMed services. The preceding list may not be all inclusive.

Other Link(s): Not applicable.

Explanatory Note: E. A. Conway is a "minor" teaching facility.

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
			YEAREND PERFORMANCE STANDARD FY 2001-2002	ACTUAL YEAREND PERFORMANCE FY 2001-2002	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2002-2003	EXISTING PERFORMANCE STANDARD FY 2002-2003	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2003-2004	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2003-2004
9790	S	Number of staffed beds <sup>1</sup>	140 <sup>2</sup>	140	126	126	140	140
9791	K	Average daily census <sup>3</sup>	128.0	109.0	112.0	112.0 <sup>14</sup>	110.0	110.0
9792	K	Emergency department visits	37,488	36,705	32,929	32,929	35,515	35,515
9793	K	Total outpatient encounters <sup>4</sup>	147,144	148,657	129,251	129,251	149,245	149,245
15440	S	Average length of stay for psychiatric inpatients <sup>5</sup>	11.4	11.4	11.4	11.4 <sup>15</sup>	12.0	12.0
9795	K	FTE staff per patient (per adjusted discharge) <sup>6</sup>	7.5 <sup>7</sup>	8.1	7.5	7.5 <sup>16</sup>	7.9	7.9
15441	S	Average length of stay for acute medical surgery inpatients <sup>8</sup>	5.0	5.0	5.0	5.0 ##	5.0	5.0
8567	K	Cost per adjusted discharge <sup>9</sup>	\$5,414	\$5,851	\$5,329	\$5,329 ##	\$5,692	\$5,692
9797	K	Percentage of Readmissions <sup>10</sup>	10.5%	8.1%	10.5%	10.5%	8.0%	8.0%
9798	K	Patient satisfaction survey rating <sup>12</sup>	85%	83%	85% <sup>13</sup>	85%	86%	86%

- <sup>1</sup> Staffed beds are defined as all adult, pediatric, neonatal intensive care unit, intensive care unit, and psychiatric beds set up and in-service for inpatients on a routine basis. Furthermore, staffed beds do not include newborn bassinets.
- <sup>2</sup> This performance indicator was previously reported as "number of available beds." For future reporting years, this performance indicator will be reported as "number of staffed beds." This calculation reflects the number of beds that are set up, staffed, and ready for use.
- <sup>3</sup> In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high-demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand.
- <sup>4</sup> Total outpatient encounters for fiscal year 2002 was reported as a supporting performance indicator.
- <sup>5</sup> Psychiatric is defined as treatment of mental or emotional disorders. American Hospital Association Guide, 2002
- <sup>6</sup> FTE's exclude contract and civil service physicians.
- <sup>7</sup> Number of staff per patient for fiscal year 2002 was reported as a supporting performance indicator.
- <sup>8</sup> Inpatient is defined as an individual who received health services while lodged in a health care organization at least overnight. American Hospital Association Guide, 2002
- <sup>9</sup> There is great diversity in the level and volume of services provided at medical centers. There is a cost differential inherent in the proportion of primary (non-emergent outpatient care) and secondary services (inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, add another level of costs that need to be factored in the comparison. Furthermore, six of the nine hospitals under HCSD operation are providing a hospital based medical education, which must also be considered when comparisons for cost per adjusted discharge are made. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible to get a sense of how well each hospital is functioning. The HCIA 2001 Sourcebook states the median cost per adjusted discharge for "minor" teaching hospitals is \$6,567. Note the HCIA Sourcebook reflects a standard for 2000, which was adjusted by the medical care inflation rate of 4.2% and through 5/01 a medical care inflation rate of 4.6% to bring the 2001adjusted CAD to \$7,156.
- <sup>10</sup> Readmission is defined as total planned and unplanned readmissions for any diagnosis within 32 days.
- <sup>11</sup> Discharges is defined as the point at which a patient's involvement with an organization or program is terminated and the organization or program no longer maintains active responsibility for the care of the patient. (Lexikon)
- <sup>12</sup> Patient satisfaction survey rating for fiscal year 2002 was reported as a supporting indicator.
- <sup>13</sup> HCSD is adopting a performance level that will be consistent throughout all facilities.
- <sup>14</sup> Average daily census is calculated by taking the total number of inpatient days and dividing that by 365. Source- 2001 Sourcebook HCIA-Sachs, LLC and Deloitte & Touche
- <sup>15</sup> Average length of stay for psychiatric inpatients is calculated by taking the total inpatient days, psychiatric care divided by the total discharges, psychiatric care. Source- 2001 Sourcebook HCIA-Sachs, LLC and Deloitte & Touche
- <sup>16</sup> FTE staff per patient per adjusted discharge is calculated by taking the number of full time equivalent personnel divided by Adjusted Discharges. Source- 2001 Sourcebook HCIA-Sachs, LLC and Deloitte & Touche. "Adjusted discharges" expresses all of a hospital's patient services inpatient and outpatient as acute care discharge equivalents.
- <sup>17</sup> Average length of stay for acute med-surg is calculated by taking the total inpatient days, acute med-surg divided by the total discharges, acute med-surg. Source- 2001 Sourcebook HCIA-Sachs, LLC and Deloitte & Touche

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2. (KEY) To ensure health care effectiveness with an emphasis on preventive and primary care and continue the system wide development of and increased participation in the current disease management initiatives (diabetes, asthma, cancer, congestive heart failure and HIV) with the expectation of significant per patient improved health outcomes attributed to prevention of complications associated with these conditions and avoiding higher per patient acute care costs.

Strategic Link: To ensure health care effectiveness with an emphasis on preventive and primary care.

Louisiana: Vision 2020 Link: Not applicable

Children's Cabinet Link: E.A. Conway Medical Center provides multiple services targeted at the pediatric and adolescent populations. Programs, clinics, and services include general and pediatric clinics, Women/Infants/Children program and KidMed services. The preceding list may not be all inclusive.

Other Link(s): Not applicable

Explanatory Note: Based on the current quarterly reporting standards all data relative to hospitalization days for congestive heart failure, asthma, HIV, ER visit rate for congestive heart failure, asthma and percentage of diabetic patients with long term glycemic control shall be reported one quarter in arrears.

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
			YEAREND PERFORMANCE STANDARD FY 2001-2002	ACTUAL YEAREND PERFORMANCE FY 2001-2002	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2002-2003	EXISTING PERFORMANCE STANDARD FY 2002-2003	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2003-2004	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2003-2004
15442	K	Hospitalization rate related to congestive heart failure patients <sup>1</sup>	Not applicable <sup>2</sup>	Not applicable	363 <sup>5</sup>	363 <sup>14</sup>	273	273
15443	K	ER visit rate for congestive heart failure patients <sup>3</sup>	Not applicable <sup>2</sup>	Not applicable	303	303 <sup>6</sup>	182	182
15444	K	Hospitalization rate related to asthma patients <sup>1</sup>	Not applicable <sup>2</sup>	Not applicable	128	128 <sup>7</sup>	145	145
15445	K	ER visit rate for asthma patients <sup>3</sup>	Not applicable <sup>2</sup>	Not applicable	359	359 <sup>8</sup>	331	331
15446	K	Percentage of diabetic patients with long term glycemic control <sup>4</sup>	Not applicable <sup>2</sup>	Not applicable	40% <sup>9</sup>	40% <sup>15</sup>	39%	39%
15447	K	Hospitalization rate related to HIV patients <sup>1</sup>	Not applicable <sup>2</sup>	Not applicable	168	168 <sup>10</sup>	126	126
15448	K	Percentage of women 40 years of age or older receiving mammogram testing in the past year	Not applicable	Not applicable	30%	30% <sup>11</sup>	28%	28%
15449	K	Percentage of women 18 years of age or older receiving pap smear test in the past year	Not applicable	Not applicable	40%	40% <sup>12</sup>	39%	39%

- <sup>1</sup> Hospitalization is defined as hospitalization for any cause. The value expressed is days per 1000 patients.
- <sup>2</sup> This performance indicator did not appear under Act 11 and therefore had no performance standard for FY 2000-2001 or 2001-2002.
- <sup>3</sup> A visit to the ER can be defined as a visit for any cause.
- <sup>4</sup> Percentage of diabetics with HbgA1c less than 7
- <sup>5</sup> Hospitalization days related to congestive heart failure is calculated by taking the number of admissions of any cause in the past quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients.
- <sup>6</sup> ER visit rate for congestive heart failure patients is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number in the CHF population. The indicator definition is the number of ER visits in the past quarter per 1000 patients.
- <sup>7</sup> Hospitalization days related to asthma patients is calculated by taking the number of admissions in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of admits for any reason in past quarter per 1000 asthma patients.
- <sup>8</sup> ER visit rate for asthma patients is calculated by taking the number of ER visits in the past quarter times 1000 and dividing that by the number of asthma patients in the population. The indicator definition is the number of ER visits in the past quarter per 1000 asthma patients.
- <sup>9</sup> Percentage of diabetics with current HbgA1c $\leq$ 7 is calculated by taking the number of diabetics with current HbgA1c $\leq$ 7 and dividing that by the number of diabetics with current HbgA1c.
- <sup>10</sup> Hospitalization days related to HIV patients is calculated by taking the number of admissions in the past 3 months times 1000 and dividing that by the number in the HIV population. The indicator definition is the number of admissions in the past quarter for any reason per 1000 HIV patients in population.
- <sup>11</sup> Percentage of women  $\geq$ 40 years of age with mammogram in the past year is calculated by taking the number of women  $\geq$  40 years of age with a mammogram in the past year and dividing that by the number of women in the population  $\geq$  40 years of age.
- <sup>12</sup> Percentage of women  $\geq$  18 years of age with a pap smear in the past year is calculated by taking the number of women  $\geq$  18 years of age with a pap smear in the past year and dividing that by the number of women in the population  $\geq$  18 years of age.
- <sup>13</sup> The hemoglobin A1c test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are "glycated"). Once glycated, a hemoglobin molecule stays that way throughout the 3- to 4-month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1c goal for people with type 2 diabetes is less than 7%. The findings of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1c levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with hemoglobin A1c of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20-year study that involved more than 5000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage.
- <sup>14</sup> Congestive Heart Failure (CHF) is a clinical syndrome caused by heart disease, characterized by breathlessness and abnormal sodium and water retention, and resulting in edema. Cardiac failure is the inability of the heart to pump blood effectively at a rate that meets the needs of the metabolizing tissues. This occurs when the muscles that perform contraction and force the blood out of heart are performing weakly. Cardiac failures in patients arise from the reduced contractility of heart muscles, especially the ventricles. Reduced contraction of heart leads to reduced heart output but new blood keeps coming in resulting in the increase in heart blood volume. The heart then feels congested and patients are diagnosed with congestive heart failure. A congested heart leads to lowered blood pressure and poor renal blood flow. In patients, this results in the development of edema in the lower extremities and the lung (pulmonary edema) as well as renal failure. Source Definition: American Heart Association